

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

		CLAIMS AS	• Column)		(Column 2)			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			(COMMIT	<u>'/</u>	(Colu	1111 2)	ſ	RATE	FEE	OR I I	RATE		EE	
FOR			NUMBER	EII ED	NUMB	ED EYTRA	ŀ	BASIC FEE		0.0	BASIC FEE		0.00	
			NUMBER FILED		NUMBER EXTRA		ŀ		070.00	OR			7.00	
TOTAL CHARGEABLE CLAIMS			เ ว เกิเกนธ์ 20=		* ¥			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =					X42=		OR	X84=			
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=			
* If the difference in column 1 is			less than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL		`	
Λ	С	LAIMS AS A	MENDED - PART II					1			OTHER	TH	THAN	
u		(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENT	ITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE	
NDM	Total	* 2 5	Minus	*3	0	=	_	X\$ 9=		OR	X\$18=	. !		
AME	Independent	* 3	Minus	***	9	=		X42=		OR	X84=			
Ш	FIRST PRESE	NTATION OF M	JLIIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=	1		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FEE 1		•	ADDI1. 1 CE			
NTB		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=]	X42=		OR	X84=			
_	FIRST PRESENTATION OF MULTIPLE DEPEND				T CLAIM		J †							
							L	+140=		OR	+280=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
سسر		(Column 1)			mn 2)	(Column 3)				_				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=	╽┟	X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┟	440			.000	一		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							. [+140= TOTAL		OR	+280= TOTAL	_		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	<u> </u>		
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													



Effective December 29, 1999

Application or Docket Number

09/543011

							<u> </u>	<u>) [</u>		
		CLAIMS AS	FILED - olumn 1)		ımn 2)	SMALL ENTITY TYPE		OR	OTHER THAN	
FC	PR	NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE	state books. Destates et					345.00	OR	100 mg (100 mg)	690.00
TC	TAL CLAIMS	20) minus 2	20= *		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS						X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							·	OR	+260=	1
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	690
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	*** PENDENT CLAIM	=	X39=		OR	X78=	·
-	FIRST PRESE	N TATION OF ME	JLTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. I EE			ADDIT: 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	*** PENDENT CLAIM	=	X39=		OR	X78=	
	FIRST FRESE		+130=		OR	+260=				
						TOTAL ADDIT. FEE		OR	TOTAL. ADDIT. FEE	
	Control of the contro	(Column 1)	STEEN STEEN	(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	į	RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	-25	=(5)	X\$ 9=		O R	X\$18=	
	Independent	· 3	Minus	**(5)	=	X39=			X78=	-
lacksquare	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT CLAIM		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		OR	^/0=	
*	If the entry in eather	mn 1 in loss there the	o ontre in activ	imp Q uerito 40" in	olumn 3	+130=	·	OR	+260=	
**	If the "Highest Nur	mber Previously Pa	aid For'' IN THI	mn 2, write "0" in co S SPACE is less tha S SPACE is less tha	an 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
				r Independent) is th		found in the ap	propriate box	k in col	lumn 1.	